A rizona	Dei	partment	Λf	Fina	ncial	Inci	itutia	m
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Escrow Rate Filing



Page 1 of 1

This form must be submitted with all filings, including those filings to wit	thdraw or change rates in p	reviously "ap	pproved" filings.						
Company / Agency Name:									
Address:	City:	State:	Zip Code:						
Type of filing:		ate this filing will g							
	Withdrawal of rate filing	MM	/ DD / YYYY						
Identify rate classifications involved in this filling:									
			0/						
Estimate the percentage of present Arizona market share of escrow business:			%						
Required information – to be included with each filing.									
Cover letter with an explanation of the change.									
Certification form, notarized with the effective date – 15 day wa	aiting period								
Justification – check items									
	Comparison of Rates								
	Experience of filing – other agents								
☐ Other									
Duplicate copy of cover letter, certified form and self-addressed	stamped envelope.								
Filing Authorization	Certification								
State of)									
) ss									
County of)									
	seing duly sworn denoses	I: C: /							
Name of Eller	cing duly sworm, deposes	and cerumes	that he/she has						
Name of Filer									
been authorized by	a company officer of _								
	a company officer of _								
been authorized by	a company officer of _								
been authorized by to make this filing on behalf of to make the	a company officer of _	Nam							
been authorized by	a company officer of _								
been authorized by to make this filing on behalf of to make the	a company officer of _	Nam							
been authorized by to make this filing on behalf of to make the	a company officer of _	Nam	e of Company						
been authorized by to make this filing on behalf of to make the	a company officer of _	Nam Title of Filer	e of Company						
been authorized by to make this filing on behalf of	a company officer of _ of the company. Telephone # (Nam Title of Filer include 1-800 # and	e of Company						
been authorized by to make this filing on behalf of to make the	a company officer of _ of the company. Telephone # (Nam Title of Filer	e of Company						
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been authorized by	a company officer of of the company. Telephone # (Nam Title of Filer include 1-800 # and	e of Company						
Name of Company Officer to make this filing on behalf of the make this	a company officer of of the company. Telephone # (Nam Title of Filer include 1-800 # and	e of Company extension)						
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Name of Company Officer to make this filing on behalf of the make this	a company officer of _ of the company. Telephone # (Notary Pu St use only Analyst Request \$	Nam Title of Filer include 1-800 # and	e of Company extension)						
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2910 North 44 th Street, Suite 310	Form:	EA-FIL-001
Phoenix, AZ 85018	Revised	12/15/2006